



Department
of Health &
Social Care



Abortion Statistics, England and Wales: 2019

Summary information from the abortion notification forms returned to the Chief Medical Officers of England and Wales. January to December 2019.

Published 11 June 2020, an annual update.

Contents

Contents	2
Key events	3
Key points in 2019	4
1. Introduction	5
Further information	5
Previous publications.....	5
2. Commentary.....	6
Overall number and rate of abortions	6
Age	6
Marital status	7
Ethnicity.....	8
Area of residence within England & Wales.....	8
Location and funding of abortions.....	9
Statutory grounds for abortion	9
Legal abortions performed under ground E	11
Gestation period	11
Previous abortions.....	12
Previous obstetric history	12
Method of abortion.....	12
Complications	14
Selective terminations	15
Women resident outside England and Wales.....	15
Abortions for women from Northern Ireland.....	15
Abortions for women from the Irish Republic.....	15
Abortion rates by Index of Multiple Deprivation, (IMD), deciles	16
Age range analysis by Index of Multiple Deprivation, (IMD), deciles	17
Glossary	18

Key events

Date	Key event
October 1967	Abortion Act 1967 passed. Introduced by David Steel and supported by the government under a free vote. It legalised abortion on certain grounds, by legalised practitioners, in England, Wales and Scotland. The act came into effect on 27 April 1968.
November 1990	The Human Fertilisation and Embryology Bill lowered the gestation limit for abortions from 28 weeks to 24 weeks. This is the currently accepted point at which the fetus is considered viable outside the mother's body. The act came into effect on 1 April 1991.
June 2017	Northern Ireland funding scheme introduced, to provide funded abortions in England and Wales, for residents of Northern Ireland. In cases of hardship, travel costs are also covered. Funding is provided by the Government Equalities Office and HM Treasury.
June 2018	Women in Wales, and from 28 December 2018 women in England, can take the second of the two abortion pills, misoprostol , at home. This brought England and Wales in line with Scotland, which allowed the second pill to be taken at home from October 2017.
December 2018	Abortion legalised on certain grounds, in the Irish Republic, up to 12 weeks gestation and later if the woman's life or health is at risk. The law came into effect on 20 December 2018.
October 2019	Abortion in Northern Ireland decriminalised after a free vote by Westminster MPs in July. The suspended Northern Ireland Executive did not return by 21 October 2019, meaning the amendment introduced by Stella Creasy was passed into law through The Northern Ireland (Executive Formation etc) Act 2019 on 22 October 2019.
March 2020	The Abortion (Northern Ireland) Regulations 2020 came into force on 31 March 2020. The regulations introduce a new legal framework for abortion services in Northern Ireland.

Key points in 2019

Chart	Key point
<p>Abortions, numbers, England and Wales, 2010-2019</p>	<p>There were 207,384 abortions for women resident in England and Wales, the highest number since the Abortion Act was introduced.</p>
<p>Abortions, rates, England and Wales, 2010-2019</p>	<p>The age standardised abortion rate for residents is 18.0 per 1,000 women, the highest rate since the Abortion Act was introduced.</p>
<p>Abortions, rates, under 18 and over 35, England and Wales, 2010-2019</p>	<p>The abortion rate for women aged under 18 is the same as in 2018 (8.1 per 1,000), but has increased for women over 35 (from 9.2 to 9.7 per 1,000 between 2018 and 2019).</p>
<p>Abortions, purchaser, percentages, England and Wales, 2010-2019</p>	<p>99% of abortions in England & Wales were funded by the NHS in 2019, with 74% of all abortions taking place in the independent sector.</p>
<p>Abortions, procedures, percentages, England and Wales, 2010-2019</p>	<p>73% of abortions were medically induced; which increased from 71% in 2018, and increasing by 33 percentage points since 2009.</p>

1. Introduction

- 1.1 This report provides statistics on abortions recorded in England and Wales in 2019. The information presented is based on abortion notification forms (HSA4) submitted by clinics and hospitals to the Chief Medical Officer (CMO) at the Department of Health & Social Care (DHSC). DHSC monitor the forms to ensure that there is full compliance with the legislation set out in the Abortion Act, 1967.

Further information

- 1.2 Further details on the legislative context of the Abortion Act, in addition to methodological and technical information on the data can be found in the '[Guide to Abortion Statistics](#)', in [Abortion statistics for England and Wales: 2019](#).

Previous publications

- 1.3 The Department of Health & Social Care (DHSC) has published abortion statistics annually since 2002. Statistics for years from 1974 to 2001 were published by the Office for National Statistics (ONS) in their Abortion Statistics Series AB, Nos 1 to 28. The reports for 1991 to 2001 are available electronically on request to abortion.statistics@dhsc.gov.uk. Statistics for years from 1968 to 1973 were published in the Registrar General's Statistical Review of England and Wales, Supplement on Abortion.
- 1.4 The most recent versions of the publication are available from the [GOV.UK](#) website.
- 1.5 Contact us at abortion.statistics@dhsc.gov.uk.
- 1.6 Abortion statistics cover the period January to December 2019 and are published annually. The next publication will be in June 2021, and will cover January to December 2020.

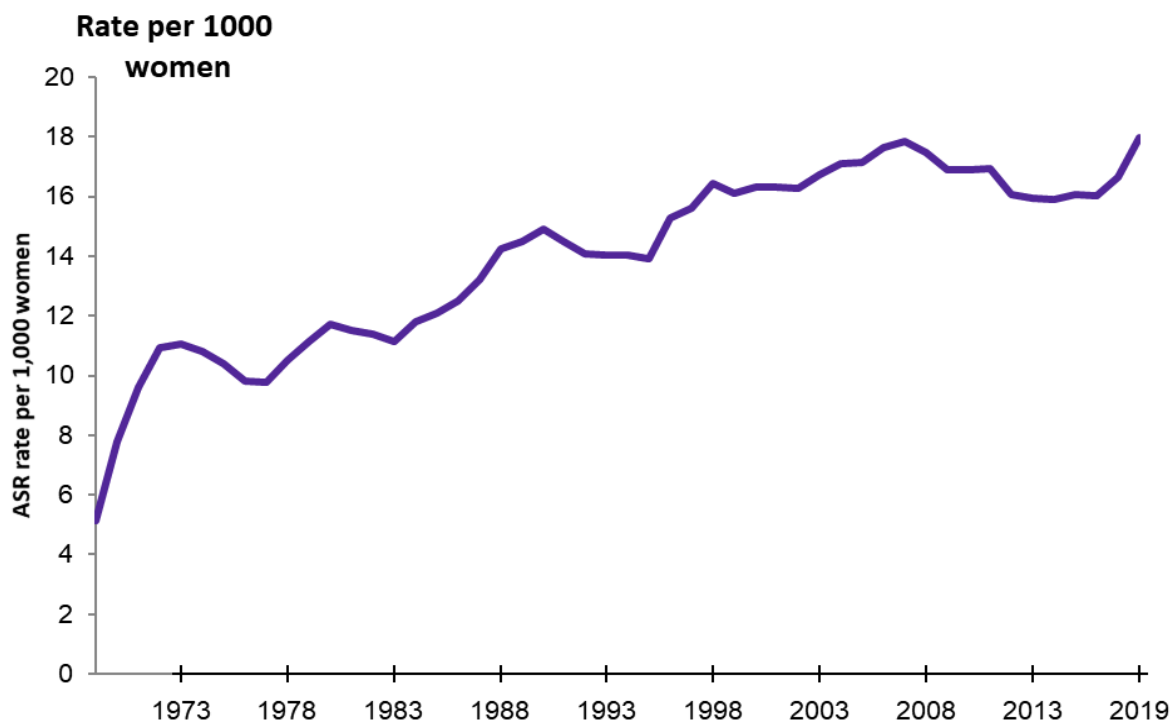
2. Commentary

Unless specified, the following commentary, charts and tables relate only to abortions in England and Wales, for residents of England and Wales, in 2019.

Overall number and rate of abortions

2.1 Of the 209,519 abortions notified as taking place in England and Wales, 207,384 were to residents of England and Wales. This represents an age-standardised abortion rate (ASR) of 18.0 per 1,000 resident women aged 15-44. The ASR rate has increased since 2018, (17.4 per 1,000 resident women aged 15-44). This is the highest rate recorded, exceeding the previous peak in 2007, (17.9 abortions per 1,000 resident women aged 15-44). (Table 1 and Figure 1).

Figure 1: Age Standardised abortion rate per 1,000 women aged 15-44, England and Wales, 1970 to 2019

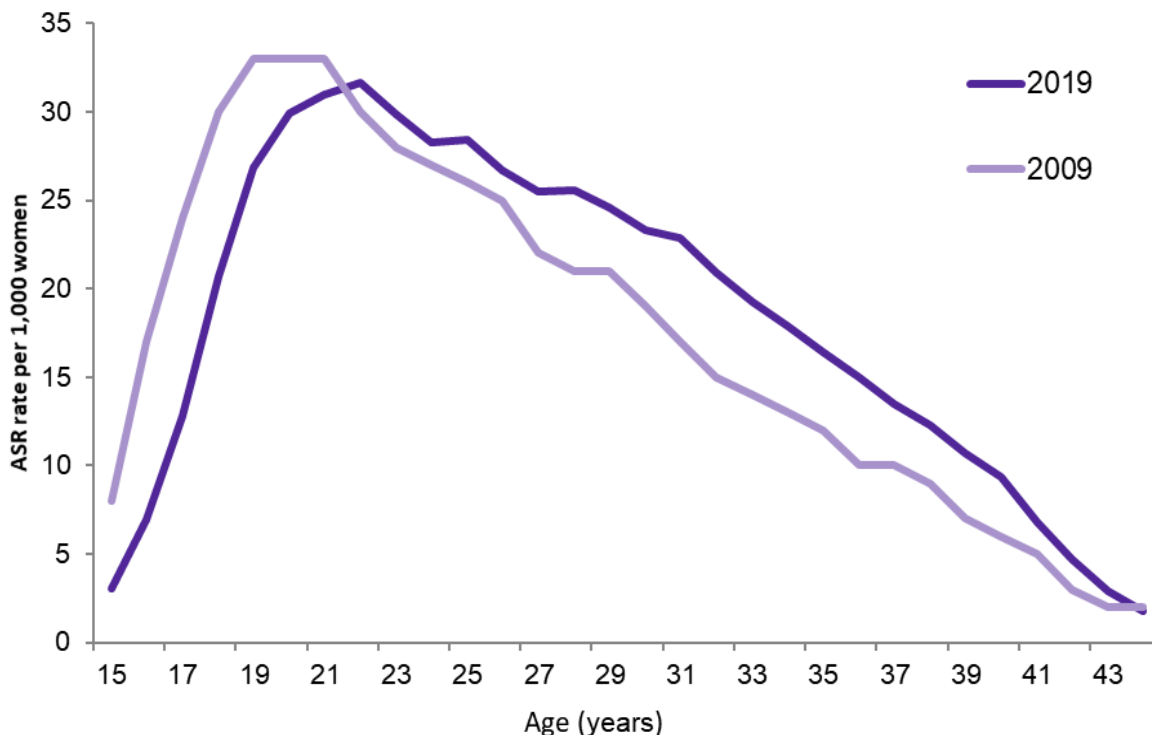


Age

2.2 The abortion rate in 2019 was highest for women aged 22 (at 31.6 per 1,000 women). In 2018 the highest rate was for women aged 21 (30.7 per 1,000

women), and in 2009 it was highest for women aged 19, 20 and 21 (all at 33 per 1,000 women).

Figure 2: Abortion rate per 1,000 women by single year of age, England and Wales, 2009 and 2019



2.3 Abortion rates for those aged under 18 have declined over the last ten years but remained the same in 2019 as in 2018 (8.1 per 1,000). The decline since 2009 is particularly marked in the under 16 age group, where the rates have decreased from 4.0 per 1,000 women in 2009 to 1.4 per 1,000 women in 2019. The abortion rate for 18-19 year olds has also declined from 31.6 per 1,000 women to 23.8 per 1,000 women in the same period.

2.4 There has been an increase in the rates for all ages 25 and above. The largest increases in abortion rates by age are amongst women aged 30-34 which have increased from 15.7 per 1000 in 2009 to 20.9 per 1000 in 2019 (Table 3b).

Marital status

2.5 81% of abortions in 2019 were for women whose marital status was given as single, a proportion that has remained roughly constant for the last 10 years. 52%

were to women who were single with partner. This proportion has remained similar in recent years (Table 3a.v).

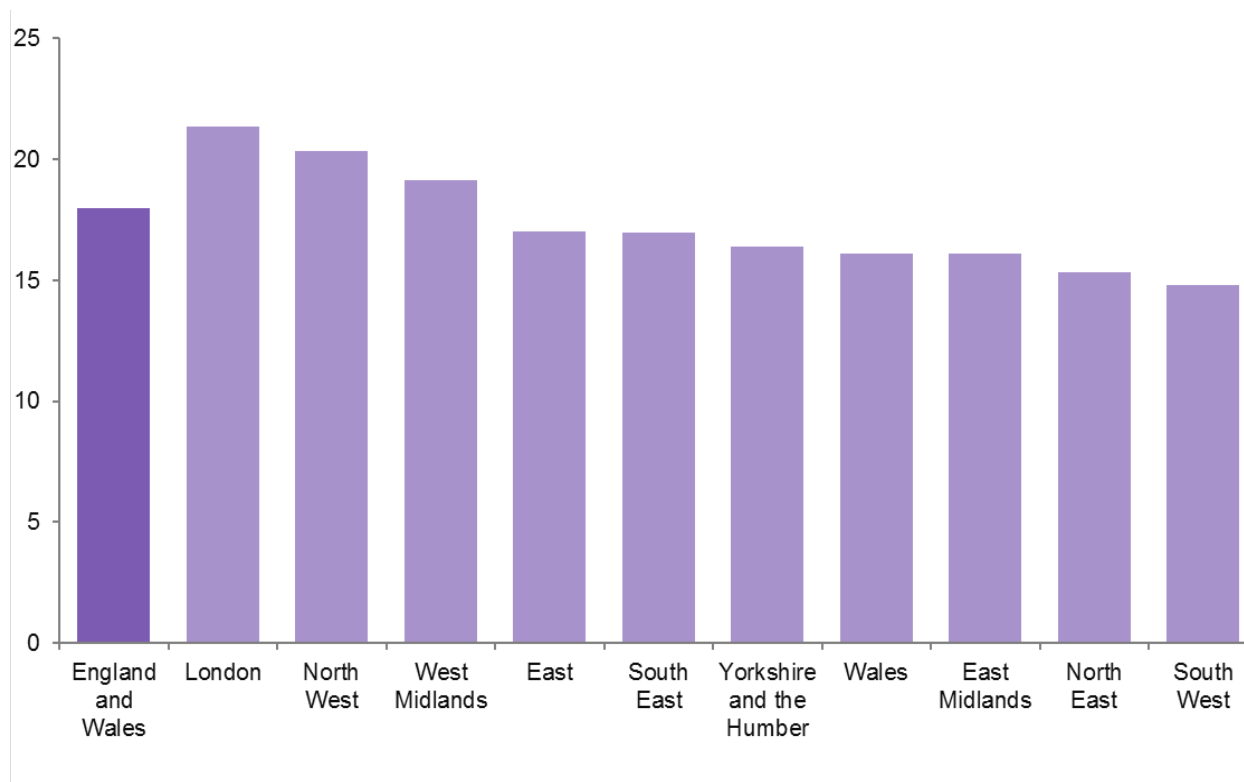
Ethnicity

2.6 77% of women having abortions reported their ethnicity as White, 9% as Asian, 8% as Black, 4% as Mixed and 2% as Other. Ethnicity was recorded on 97% of the forms received for 2019 (Table 3a.vi).

Area of residence within England & Wales

2.7 By region of residence, rates of abortion are highest in London (21.4 per 1,000 women aged 15-44) and lowest in the South West (14.8 per 1,000 women aged 15-44). (Figure 3).

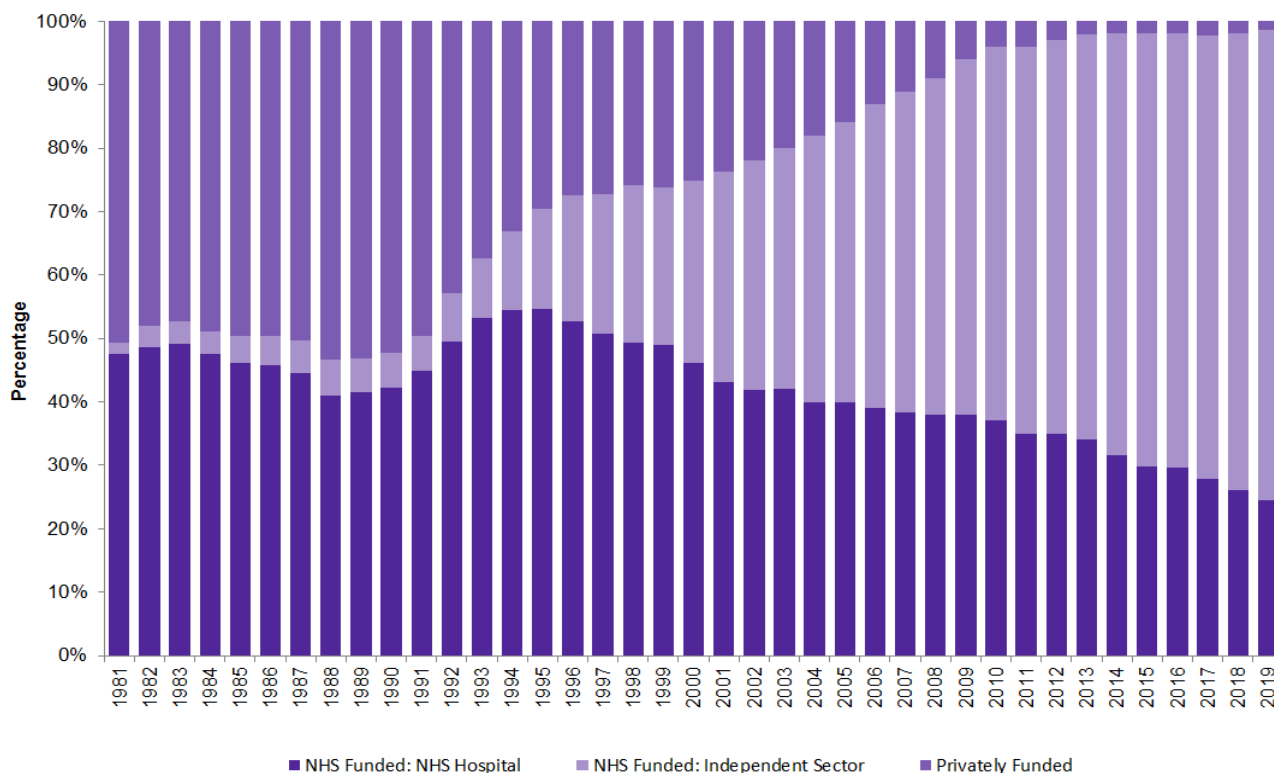
Figure 3: Age Standardised abortion rate, per 1,000 women aged 15-44, by region in England and Wales, 2019



Location and funding of abortions

- 2.8 In 2019, 24% of abortions were performed in NHS hospitals. The percentage performed in approved independent sector clinics under NHS contract increased in line with recent years, from 72% in 2018 to 74% in 2019, making a total of 99% of abortions funded by the NHS. The remaining 1% were privately funded. (Table 3a.i and Figure 4).
- 2.9 The proportion performed under NHS contract has increased almost every year since this information was collected in 1981, while the proportions of NHS hospital and private abortions has fallen over this period.

Figure 4: Percentage of abortions by purchaser/provider, England and Wales, 1981 to 2019



Statutory grounds for abortion

- 2.10 Under the Abortion Act 1967, a pregnancy may be lawfully terminated by a registered medical practitioner in approved premises, if two medical practitioners are of the opinion, formed in good faith, that the abortion is justified under one or more of grounds A to G. (Table A). For more information about the grounds for abortion, see the [Glossary](#) and page 4 in the [‘Guide to Abortion Statistics’](#), in the link for Abortion statistics for England and Wales: 2019.

Table A: Grounds for abortion

Ground	Definition
Ground A	That the continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated.
Ground B	That the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman.
Ground C	That the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman.
Ground D	That the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing child(ren) of the family of the pregnant woman.
Ground E	That there is substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
Ground F	To save the life of the pregnant woman.
Ground G	To prevent grave permanent injury to the physical or mental health of the pregnant woman.

2.11 The proportion of abortions performed under different grounds has remained similar to previous years. In 2019, 98% of abortions (202,975) were performed under ground C. A further 2% were carried out under ground E (3,183 abortions, a decrease of 86 since 2018), with 1% (1,045 abortions) under ground D. The remaining grounds account for very few abortions; 181 in total across grounds A, B, F and G. (Table 2). Most of the overall increase in the number of abortions is the result of ground C abortions increasing.

2.12 The vast majority (99.9%) of abortions carried out under ground C alone were reported as being performed because of a risk to the woman's mental health. These were classified as F99 (mental disorder, not otherwise specified) under the International Classification of Disease version 10 (ICD-10).

Legal abortions performed under ground E

- 2.13 Ground E abortions are those performed because of fetal abnormality at any gestation. There were 3,183 abortions performed under ground E in 2019. This is a slight fall since 2018, when there were 3,269. In both 2018 and 2019, only 2% of abortions were performed under ground E (Table 3).
- 2.14 In 2019, 73% of ground E abortions were performed medically. 73% per cent of all abortions were also performed medically (Tables 9c and 7a).
- 2.15 10% of ground E abortions were performed at under 13 weeks in 2019. 66% were performed at 15 weeks and over. There were 275 ground E abortions at 24 weeks and over (Table 9b).
- 2.16 The age group with the highest proportion of abortions performed under ground E is 35 and over (3% of abortions for this age group were performed under ground E (Table 2).
- 2.17 In the 2019 publication changes have been made to the reporting of medical conditions for abortions performed under ground E. There can often be multiple reasons for an abortion for a fetal abnormality and previous publications have reported both the principal medical condition, as well as the total number of mentions by medical condition. The 2019 publication only reports the total number of mentions by medical condition. More information about this is available in the Guide to Statistics).¹
- 2.18 There was a total of 3,863 conditions mentioned on ground E forms in 2019. This is a decrease from 4,456 in 2018. The medical diagnoses are coded to the International Classification of Diseases (ICD10). For more information on issues with the reporting of ground E abortions see the '[Guide to Abortion Statistics](#)', in the link for Abortion statistics for England and Wales: 2019 (page 7).
- 2.19 Congenital malformations (see glossary on page 18), were the most common medical condition mentioned on HSA4 forms, making up 53% of conditions mentioned. Chromosomal abnormalities counted for 29% of conditions mentioned (see Table 9a).

Gestation period

- 2.20 There has been an increase in the proportion of abortions that are performed at under 10 weeks since 2009. In 2019, 82% of abortions were performed under 10

¹ Available at <https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>.

weeks, increasing from 75% in 2009. This is also an increase of 2 percentage points from 2018. In comparison, abortions performed at 10-12 weeks decreased by 2 percentage points. The percentage performed at 20 weeks and over remained the same since 2018 at 2%. (Table 3a.iii).

- 2.21 The legal limit for a woman having an abortion is 24 weeks gestation. This is the point at which the fetus is viable outside the mother's body. Abortions may be performed after 24 weeks in certain circumstances, for example, if the mother's life is at risk or the child would be born severely disabled. Abortions where gestation is 24 weeks or over account for a very small number of abortions (0.1% of the total). There were 279 such abortions in 2019. (Table 5).

Previous abortions

- 2.22 In 2019, 40% of women undergoing abortions had had one or more previous abortions. The proportion has increased steadily from 34% in 2009 (Table 3a.ix and Table 4b).
- 2.23 The percentage of women aged under 18 who had one or more previous abortions in 2019 is the same as in 2009 (7%). The percentage of women aged 30 or over, who had one or more previous abortions has increased from 43% in 2009 to 49% in 2019 (Table 4b).
- 2.24 There is also large variation in rates of repeat abortions across local authorities. The proportion of women who had a repeat abortion in 2019 ranged from 22.4% (Rutland) to 50.9% (Croydon). This variation could be due to a range of factors, including random variation, differing demographics or the impact of local policy decisions. See Tables 10 and 11 for a wide range of additional analysis at Local Authority (LA) and Clinical Commissioning Group (CCG) level.

Previous obstetric history

- 2.25 In 2019, 55% of women undergoing abortions had had one or more previous pregnancies that resulted in a live or stillbirth, up from 49% in 2009 (Table 3a.vii). 20% of women had had a previous pregnancy resulting in a miscarriage or ectopic pregnancy, up from 15% in 2009.

Method of abortion

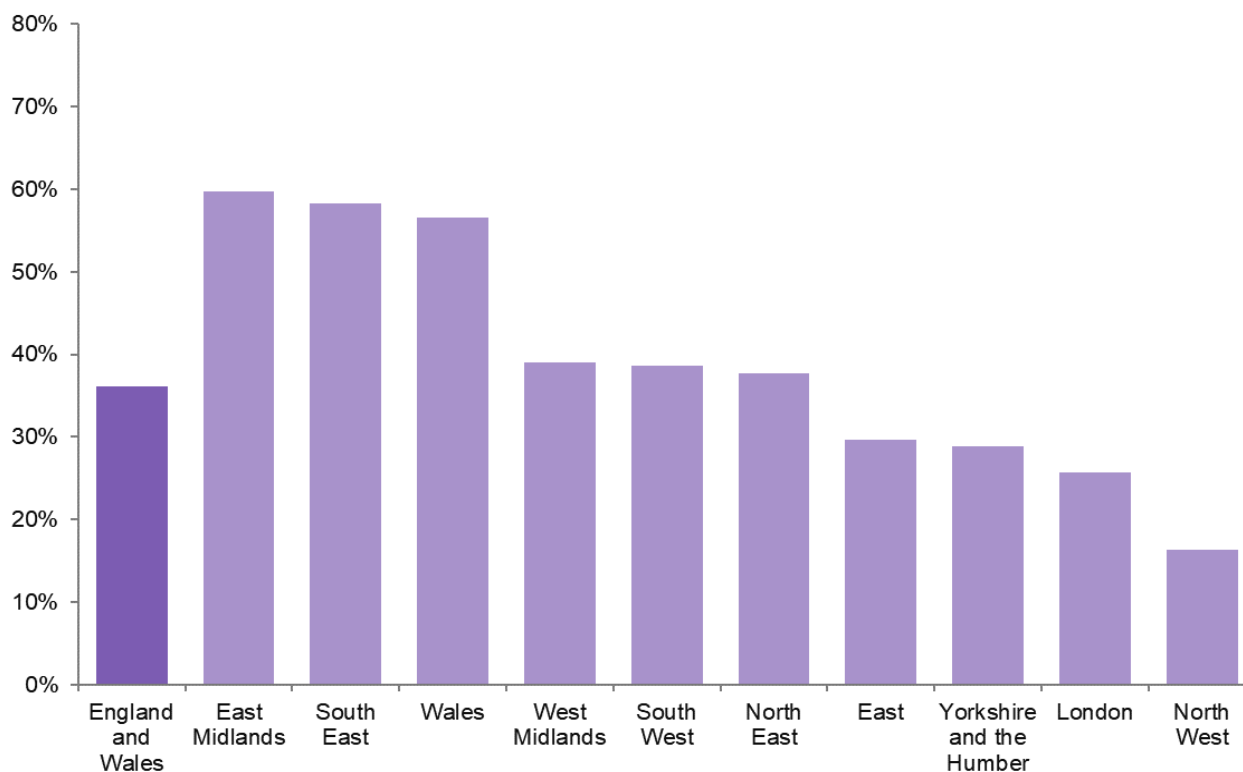
- 2.26 Different methods can be used to terminate a pregnancy, depending on the gestation, and other circumstances relating to the individual woman. There are

medical methods which involve the use of drugs (e.g. Mifepristone) and there are surgical methods, such as vacuum aspiration or dilatation and evacuation. (See [Glossary and Guide to Abortion Statistics](#)).

- 2.27 Medical abortions accounted for 73% of total abortions in 2019, an increase of 2 percentage points from 2018. There has been a continuing upward trend in medical abortions since 1991, when Mifepristone was first licensed for use in the UK. (Table 3a.iv).
- 2.28 Early medical abortions are defined as taking place within the first 10 weeks of the pregnancy using medical methods. The first stage of treatment must be administered at an NHS hospital or independent sector abortion clinic approved by the Secretary of State for Health and Social Care. Since the end of 2018, women in England have been allowed to administer the second stage of treatment for early medical abortions at home.²
- 2.29 In 2019, 52,235 abortions were carried out where the second treatment stage was administered at home. This equates to 36% of all early medical abortions in 2019. The number of home use early medical abortions increased with each quarter – from 5,398 in quarter one to 18,491 in quarter four of 2019. Most of these procedures were funded by the NHS and performed in the independent sector (90%).
- 2.30 By region of residence, in 2019 the East Midlands had the highest proportion of home use for the second stage of abortion, at 60% of all early medical abortions. The North West recorded the smallest proportion, where 16% of early medical abortions were recorded with the second stage of treatment taken at home (Figure 5).

² From March 30th 2020, the Secretary of State for Health and Social Care approved temporary measures in England to limit the transmission of Covid-19 by approving the use of both pills for early medical abortion, without the need to first attend a hospital or clinic.

Figure 5. Percentage of women who administered the second stage of treatment at home, by region in England and Wales, 2019



2.31 For abortions at 22 weeks and over, feticide is recommended by the Royal College of Obstetricians and Gynaecologists, prior to the evacuation of the uterus, to stop the fetal heart. In 2019, of the 1,717 abortions performed at 22 weeks and over, 55% were reported as preceded by a feticide and a further 41% were performed by a method whereby the fetal heart is stopped as part of the procedure.

Complications

2.32 Complications were reported in 337 out of 207,384 cases in 2019, a rate of 1 in every 625 abortions (1.6 per 1,000 abortions), which is a minor decrease from 2018 (1.7 per 1,000), and a decrease since 2009 (2 per 1,000). The rate of surgical complications increased from 1.4 in 2018 to 1.7 in 2019 but decreased for medical complications, 1.8 in 2018 to 1.6 in 2019. (Table 8).

Selective terminations

- 2.33 In 2019, there were 126 abortions which were selective terminations, (See [Glossary](#)), an increase from 111 in 2018. 86% of the selective terminations were performed under ground E.

Women resident outside England and Wales

- 2.34 This section covers abortions carried out in England and Wales to women who are residents of other countries.
- 2.35 In 2019, there were 2,135 abortions to women recorded as residing outside England and Wales, a decrease from 4,687 in 2018. Most non-residents came from Northern Ireland (47.5%) and the Irish Republic (17.6%). (Table 12a).

Abortions for women from Northern Ireland

- 2.36 On 29 June 2017 the Government announced that it would fund, via the Government Equalities Office (GEO), abortions for women ordinarily resident in Northern Ireland, where abortions were only available in very limited circumstances.
- 2.37 This provision for Northern Irish women currently remains in place despite the decriminalisation of abortion in Northern Ireland. This followed a free vote by Westminster MPs in July 2019 during the period that the Northern Ireland Executive was suspended (effectively becoming law when the Executive did not reconvene before 21st October 2019). This required the Northern Ireland Office (NIO) to provide a framework for abortion services to come into effect from 31st March 2020.
- 2.38 In 2019 there were 1,014 abortions for women from Northern Ireland, slightly lower than the 1,053 in 2018. Current levels remain substantially lower than the peak of 1,855 Northern Ireland resident abortions in 1990.

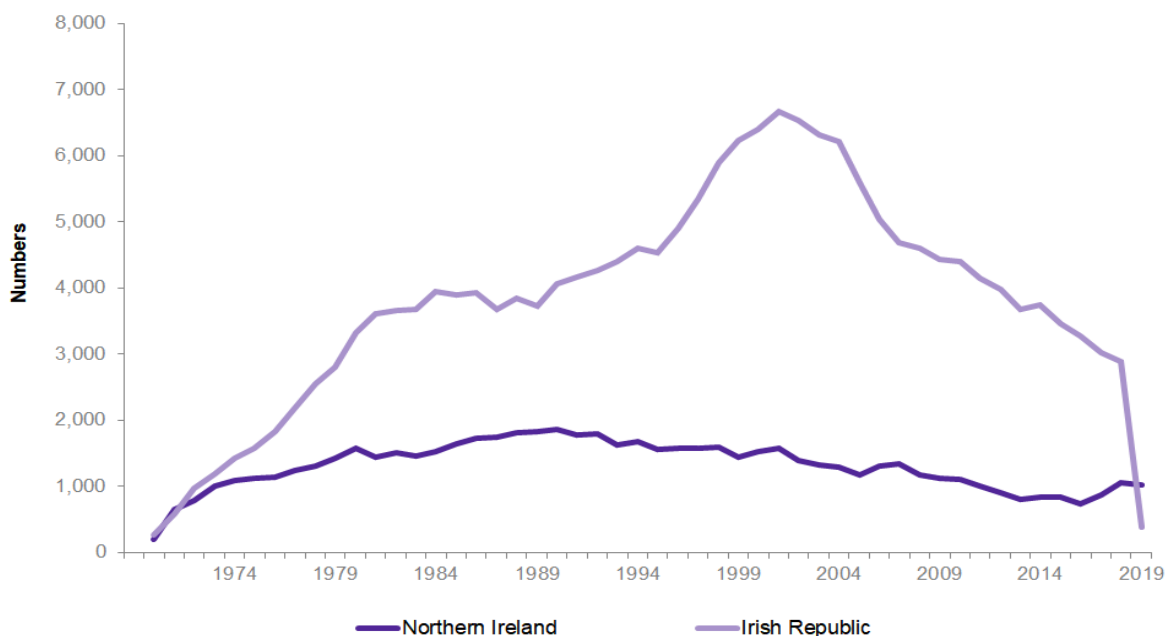
Abortions for women from the Irish Republic

- 2.39 In May 2018 the ban on abortion in the Irish Republic was overturned, repealing the eighth amendment of the constitution. The law came into effect on 20 December 2018 meaning that abortion is permitted in the first 12 weeks of pregnancy and in later cases where the a woman's life or health is at risk, or in cases of fatal fetal abnormality.

2.40 As a result of this change, in 2019, the number of women travelling to England and Wales for abortions declined from 2,879 in 2018 to 375 in 2019 (Table 12a), a decrease of 87%.

2.41 The proportion of abortions for residents of the Irish Republic performed under ground C was 83%, a decrease of 14 percentage points from 97% in 2018. The proportion of abortions under ground E increased from 3% in 2018 to 17% in 2019 (Table 12e). In 2019, 17% of abortions were performed at less than 10 weeks gestation, falling from 69% in 2018.

Figure 6: Number of abortions for residents of Northern Ireland and the Irish Republic: 1970 to 2019



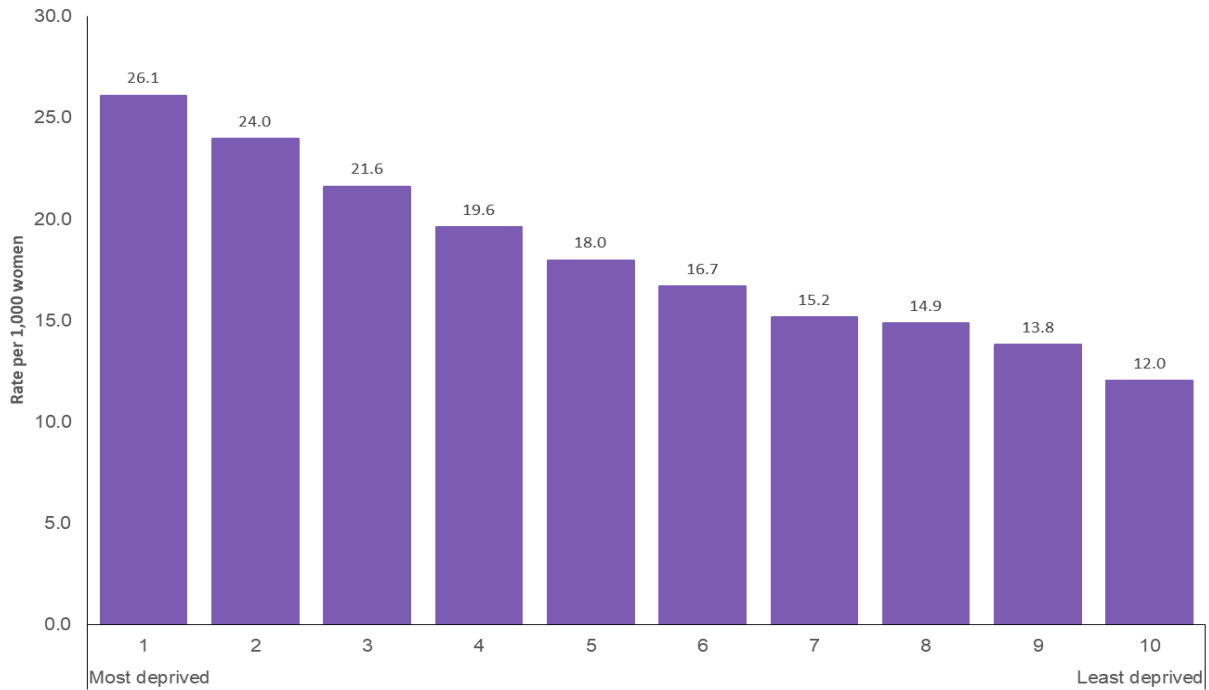
Abortion rates by Index of Multiple Deprivation, (IMD), deciles

2.42 The Index of Multiple Deprivation, (IMD), is divided into 10 deciles. Decile 1 is the most deprived and decile 10 the least deprived. For further information about the indices see: [English Index of Multiple Deprivation 2019](#)

2.43 Women living in more deprived areas are more likely to have abortions than women living in less deprived areas. The rate in the most deprived decile is 26.1 per 1000 women. This is more than double the rate in the least deprived decile of 12.0 per 1000 women (Figure 7).

2.44 This is true across different age groups and different regions of England (Table 14 and Figure 8).

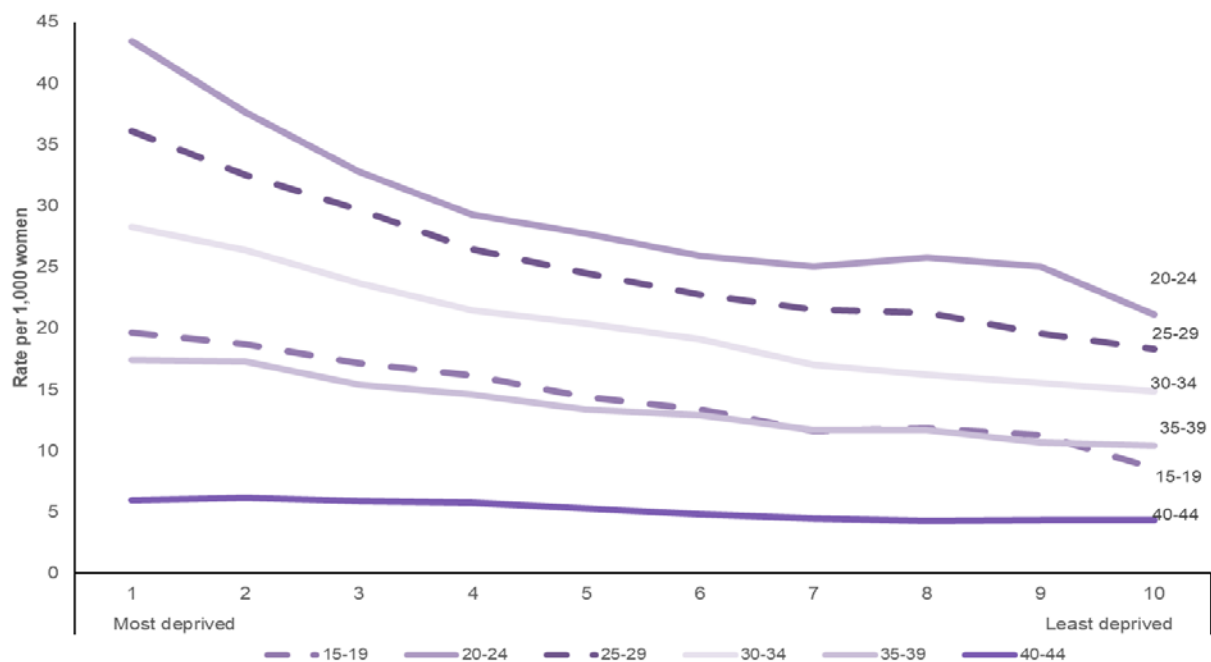
Figure 7: Abortion rate per 1,000 women by IMD decile, England, 2019



Age range analysis by Index of Multiple Deprivation, (IMD), deciles

2.45 The trend of rates increasing as levels of deprivation increase is also persistent across all age ranges (Figure 8).

Figure 8: Abortion rate per 1,000 women, by age and IMD decile, England, 2019



Glossary

Term	Definition
Age standardised rate	A method to standardise the comparison of rates within populations where there are structural differences in age. (See Guide to Abortion Statistics for further details).
Chief Medical Officer (CMO)	The CMO is the most senior government advisor on health matters in the UK. The CMO advises government on public health issues. This extends to recommending policy changes affecting the law governing abortion and advising doctors who perform abortions, regarding the interpretation of that law. There are four in total, each one advising either Her Majesty's Government, (CMO for England and medical adviser to the United Kingdom government), the Northern Ireland Executive, the Scottish Government or the Welsh Government.
Congenital malformation	Congenital malformations are also known as birth defects, congenital disorders or congenital anomalies. They are separated into two main types: structural disorders, which affect the shape of a body part and functional disorders, which affect how a body part works. Congenital malformations may include both structural and functional disorders.
Crude rate	The number of abortions in a specified population per year, divided by the total number of women in that population.
Grounds	The grounds for abortion are specified in Table A above and in the Abortion Act 1967.
Feticide	An abortion is a procedure to end a pregnancy. Feticide is the destruction of a fetus in the uterus.
Medical abortion	Two medicines are taken, the first is mifepristone and is taken at the clinic. The second is misoprostol, which may be taken at the same time or within 3 days of the first medicine. It may be taken either at the clinic or at home under amendments to the Abortion Act.
Selective terminations	Pregnancies may result in more than one embryo being implanted in the womb. In such cases, the

Term	Definition
	outcome of the pregnancy may be more successful if the number of fetuses is reduced. This reduction usually occurs at about 12 weeks gestation.
Surgical abortion	The pregnancy is removed in an operation by a doctor. There are two types. Vacuum aspiration used between 3 and 12 weeks, where the fetus is removed by suction. Dilatation and Evacuation, used between 13 and 24 weeks, where the fetus is removed using forceps.

© Crown copyright 2020
 Published to GOV.UK in pdf format only.

Global and Public Health/Population Health/Global and Public Health Analytical

www.gov.uk/dhsc

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

